California MEDICINE

OWNED AND PUBLISHED BY THE CALIFORNIA MEDICAL ASSOCIATION
450 SUTTER, SAN FRANCISCO 8 » » PHONE DOUGLAS 0062

EDITOR, DWIGHT L. WILBUR, M.D. ASSISTANT TO THE EDITOR, ROBERT F. EDWARDS
EDITORIAL EXECUTIVE COMMITTEE
LAMBERT B. COBLENTZ, San Francisco ALBERT J. SCHOLL, Los Angeles
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EDITORIALS

The Relation of the General Practitioner to the Practice of Medicine in Hospitals

The place of the General Practitioner in the practice of medicine in the hospital is a subject that lately has been discussed heatedly and widely by the medical profession. This problem can be answered only after answering two other questions. First, what is the place of the General Practitioner in the practice of medicine? Second, what is the place of the hospital in the practice of medicine?

The training of a doctor of today is inextricably combined with hospital facilities. The use of hospital facilities is now recognized by most people as the *sine qua non* of adequate medical care. It has been estimated that about 80 per cent of the practice of medicine is taken care of by the General Practitioner and about 20 per cent by the Specialist. It seems to follow that if hospital facilities are inseparable from the present day concept of adequate medical care and if 80 per cent of the medical care of the nation is in the hands of the General Practitioners who have been trained to use the hospitals, then to eliminate or exclude the General Practitioner from the use of hospital facilities perpetrates a fraud on the public and on the doctor who has been trained to use those facilities. Such exclusion would inevitably result in lower standards of care for the bulk of his patients.

The use of hospitals as a place for the practice of Specialists alone is a relatively recent development. The tendency began in a laudable effort instituted by the American Medical Association and later brought to fruition by the admirable work of the American College of Surgeons to raise hospital standards. From a totally unorganized, unstandardized jumble of good and bad hospital facilities has come our present-day American hospital system. The purpose of the American Medical Association and the American College of Surgeons has been not to eliminate capable doctors from staffs nor to concentrate the practice of medicine in the hands of the few. The fact that such a development seems to be arising is rather the fault of administration and a failure to analyze and direct the hospital system.

The purpose of the Certification Boards of Specialists has been stated admirably by the American Board of Surgery in a resolution passed by that Board December 14, 1946. Among other things this resolution stated: "The American Board of Surgery is not concerned with measures that might gain special privileges of recognition for its certificants in the practice of surgery. It is neither the intent nor has it been the purpose of the Board to define requirements for membership on the staffs of hospitals. The Board specifically disclaims interest in or recognition of differential emoluments that may be based on certification."

This is a clear statement and is unassailable. However, in the book "The American Hospital"—1946 edition, page 155, the author, Dr. Corwin (Ph.D.), states: "In the future there will be no excuse to make a major hospital staff appointment from among any except those who have met the standards of their respective Specialty Boards."

Many hospitals have turned lately toward Dr. Corwin's concept of staff appointments so that at present it is practically hopeless for a General Practitioner to apply for membership on a major hospital staff, at least in the larger cities. These hospitals explain this attitude by the statement that they have not enough beds to supply the demands of the men already on the staffs (and this is absolutely true). Also, they have stated that they could not allow any except Specialists or Diplomates of the Specialty Boards as members of the staff or

heads of department, else they would lose their approval as training hospitals for Residents. By unanimous vote the House of Delegates of the American Medical Association, on December 10, 1946, at the Chicago meeting, settled this aspect of the question by adopting the resolution reading as follows:

"Resolved, that hospitals should be encouraged to establish General Practitioner services. Appointments to a General Practice Section shall be made by the hospital authorities on the merits and training of the physician. Such a General Practice Section shall not per se prevent approval of a hospital for the training of Internes and Residencies. The criterion of whether a physician may be member of a hospital staff should not be dependent on certification by the various Specialty Boards or membership in special societies."

Despite the specific disclaimer by the American Board of Surgery of its interest in any recognition of differential emoluments based on certification, various hospitals and notably government bureaus (for instance, the Veterans' Administration) have added 25 per cent more pay or differential in fees to those who are certified. This definitely is opposed to the objects of the Board and inevitably causes unrest and apprehension among other capable men who see in this action (rightly or wrongly) a plan to concentrate all hospital practice in the hands of a few.

It is apparent from these facts that the principles stated by the various corollary organizations of medicine are not at fault. In the development of staffs of hospitals limited to specialists, therefore, there has been misinterpretation or maladministration of these principles.

We are now in battle again in our legislature, fighting enactment of bills under the guise of hospitalization insurance, which would destroy the proper practice of medicine and would perpetrate a fraud on the public. The greatest weapon against the enactment of these Compulsory Health Insurance schemes has been the development by medicine of voluntary pre-payment plans to finance the cost of medical care and hospitalization. These plans have been supported by the general practitioners of medicine. Those few doctors who have obstructed, or at most given luke warm participation to those plans, have been in the main specialists. Under the contracts of the voluntary plans, such as California Physicians' Service, and others, practically all the conditions covered by the policies consist of surgical or other procedures listed under specialty classification. If a General Practitioner is not admitted to hospital practice to care for those procedures simply because he is not a Specialist, rather than upon a basis of his ability to perform that type of service, it follows that he cannot long support these voluntary medical service plans. For him not to support these plans would be disastrous, as it would then be relatively simple for a disappointed public to succumb to the false promises and blandishments of politically ambitious schemers who promise Utopia under the guise of socialized medicine. As stated before, the government bureaus have already given evidence that they would draw the lines of specialism tighter and would strangle the very thing we are trying to preserve for the people.

It was evidently many of these considerations that prompted the House of Delegates of the American Medical Association to pass the resolution urging establishment of General Practitioner Sections in all hospitals, and to point out that the ability of a doctor is the governing factor for good service rather than membership in any special society.

It is imperative of course to restrict, by proper consultation and rules, the performance of any medical or surgical procedure to those who have proved their capability. This is well recognized and accepted by all. The proof of the pudding is in the eating. Actual performance, or as Al Smith said, "a look at the record" could easily enable a doctor to be judged on his merits. The need for specialism is self evident. The worth of the Specialist and his use of hospital facilities for the benefit of his patients needs no apologia.

In addition it would seem that the General Practitioner is well within his rights to ask—and the welfare of his patients (constituting 80 per cent of all the people needing medical care) demands—that hospitals heed at once the dictum of the House of Delegates of the American Medical Association and take steps to rectify a trend or a policy of action that is so fraught with danger, injustice and lack of wisdom.

Nursing at the Crossroads

The current session of the State Legislature highlights the situation faced by California and the nation in the matter of adequate nursing facilities. There are before the members of the Legislature several bills aimed at ameliorating the shortage which is little short of startling.

On the one hand there is a bill to abolish a present section of the Medical Practice Act which provides for the licensing of "trained attendants" for hospital service. At the other extreme is a bill which would build this section up into a provision for a completely new licensing board, the majority of the members of which would be members of the State Board of Nurse Examiners. This latter measure would standardize on a nine months training course for trained attendants and would presumably create a corps of hospital attendants who could properly handle numerous duties in the care of patients under the supervision of registered nurses, the latter then to act as administrators of wards or other hospital units. The present law on trained attendants dates back to 1935. In the first year after its passage there were nine persons licensed under its terms by the Board of Medical Examiners; in the succeeding ten years there have been exactly two persons licensed.

Everyone associated with the care of the sick knows of the serious shortage of nurses; those closest to the picture know that many nurse training schools have been unable to fill their student